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Changing the patterns of nutritional care in the **ORTHOGERIATRIC** wards

Speaker biography

Prof Cruz-Jentoft is a specialist in Geriatric Medicine. He is Chair of the Geriatric Department at the Hospital Universitario Ramón y Cajal in Madrid, and Associate Professor of Geriatrics at the Universidad Europea de Madrid, Spain. He also chairs the Spanish National Board of Geriatrics and is corresponding member of the Royal National Academy of Medicine of Spain.

Founder and Past President of the European Geriatric Medicine Society (EuGMS), he is currently Editor-in-Chief of European Geriatric Medicine, the official journal of this society and coordinates the European Working Group on Sarcopenia in Older People (EWGSOP). Member of the WHO Clinical Consortium on Healthy Ageing, he serves in the Editorial Board of most major geriatric medicine journals (Age Ageing, J Am Geriatr Soc, JAMDA, JNHA, Aging Clin Exp Res). Recognized in 2022 as Highly Cited Researcher (Clarivate).

Abstract

Hip fracture is a true geriatric syndrome: its incidence increases with age, it has a high mortality (around 20% at one year) and almost half of the patients will never recover the baseline functional status.

Malnutrition is prevalent in hip fracture patients on admission and increases rapidly; some 58% of those receiving rehabilitation will be malnourished^{1,2}. Malnourished hip fracture patients have higher mortality, postoperative delirium, impaired cognition, more functional dependence with delayed mobilization and impaired gait at hospital discharge, a higher risk to end in a nursing home and of suffering periprosthetic fractures.

Although evidence is conflicting due to different baseline management of fracture and the complexity of studies, a recent meta-analysis shows that nutritional therapy is associated with a significant reduction in mortality (RR 0.61) and complications (RR 0.67) and improved grip strength in patients who are recovering from a hip fracture³. Orthogeriatric care is also associated with a shorter length of hospital stay and lower in-hospital and 1-year mortality (14%) and delirium⁴. Full orthogeriatric care always includes hydration and nutrition care. ESPEN recommended in the nutrition guidelines for older persons that hip fracture patients should receive routine postoperative ONS as part of a multidimensional, multidisciplinary team intervention⁵. Recent clinical guidelines of hip fracture care also include nutritional assessment and intervention as part of optimal care.

In our geriatrician-led multidisciplinary unit, we assess malnutrition and dysphagia on admission, start nutritional intervention from admission, use specific nutritional supplements (with high-quality protein, essential amino acids, calcium and vitamin D) routinely for three months, assess and treat all potential causes of malnutrition, and revise nutritional status at three months for optimization in those who still have nutritional problems. Our model may be useful to others to change the patterns of nutritional care in hip fracture care, in a quest to improve patient outcomes.

References

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Watch the 17 minute conference talk with Prof Alfonso J. Cruz-Jentoft, and hear about CHANGING THE PATTERNS OF NUTRITIONAL CARE IN THE ORTHOGERIATRIC WARDS



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